

PRE-EMPLOYMENT MEDICAL DISCLOSURE UPDATE

CANDIDATE NAME (Last, First, Middle Initial)	SSN
Have you been under the care of a physician for a medical, vision and/or dental procedure, injury or illness for which you sought medical treatment since you cleared the Pre-Employment Medical with the Office of Peace Officer Selection? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If marked yes above, please describe.	
I hereby certify that I have provided true and complete information concerning my health (Any misrepresentation or material omission may be cause for disqualification or dismissal).	
CANDIDATE SIGNATURE	DATE

TAKE TO STATION 2 AT ACADEMY CHECK IN